

December 1, 2002

Montana Medicaid Notice

Physician Related Services Providers

(Physicians, Mid-Level Practitioners, Podiatrists, Laboratories, Imaging Facilities, IDTFs, and Public Health Clinics)

Subsequent Procedures

For dates of service beginning 01/01/03, all subsequent surgical procedures billed appropriately with modifiers 51 and 59 appended will be reimbursed at 50% of the Medicaid allowed amount. The 50% reduction does not apply to add on codes or modifier 51 exempt codes. Multiple surgery procedure claims without appropriate modifiers will deny. According to ARM 37.85.212, subsequent surgical procedures are when more than one surgical procedure or service is performed after a primary operation in the same operative session.

Fee Schedules

Fee schedules are available on the Provider Information website or by contacting Provider Relations. They are usually updated in January and July.

Mid-Level Practitioner Billing

Effective 07/01/02, mid-level practitioners must bill for services using their own Medicaid ID number (ARM 37.86.205). Mid-level practitioners that do not currently have a Medicaid provider number must enroll in Medicaid. Enrollment forms are available on the Provider Information website or through Provider Enrollment.

DME Codes Reactivated

The following DME codes are active for physicians and mid-level practitioners effective 01/01/03. If you have claims with a date of service after 08/01/02 that were denied for use of these codes, they will be corrected by a mass adjustment on 12/30/02. If you have questions regarding this adjustment, please call Denise Brunett at (406) 444-3995.

A4260	A9505	L1260	L1846	L2106	L2830	L3211*	L3460*	L3800	L3936	L4370
A4263	A9700	L1499	L1858	L2112	L2999	L3216*	L3470*	L3805	L3938	L4380
A4550	E0781	L1620	L1885	L2114	L3000*	L3218-19*	L3480*	L3807	L3940	L4392
A4562	L0120	L1660	L1902	L2116	L3001*	L3223*	L3485*	L3810	L3942	L4396
A4565	L0140	L1800	L1904	L2180	L3010*	L3224*	L3540*	L3850	L3946	L8100
A4572	L0150	L1810	L1906	L2270*	L3020*	L3250*	L3649*	L3860	L3948	L8140
A4580	L0172	L1815	L1920	L2280*	L3030*	L3251*	L3650*	L3906-10	L3960	L8499
A4590	L0180	L1820	L1930	L2275	L3040*	L3260*	L3660*	L3914	L3980	L8603
A4641	L0210	L1825	L1960	L2310	L3050*	L3265*	L3670	L3916	L3984	
A4644	L0500	L1830	L1990	L2340	L3060*	L3300*	L3700	L3924	L3986	
A4645	L0510	L1832	L1945*	L2425	L3080*	L3332*	L3710	L3928	L3999	
A4646	L0515	L1840	L2000	L2795	L3100*	L3350*	L3720	L3930	L4210	
A4647	L0530	L1844	L2020	L2800	L3170*	L3420*	L3740	L3932	L4350	
A9500	L0920	L1845	L2104	L2820*	L3202*	L3450*	L3760	L3934	L4360	

* This code also active for podiatrists
ACS

P.O. Box 8000

Helena, MT 59604

Vaccines For Children (VFC)

This is a reminder that the following vaccines are covered under the Vaccines For Children (VFC) program. There has been no change in the program. Remember when billing VFC codes:

- The administration of the vaccine should be billed using code Z0805.
- There must be a VFC covered code for each unit of service billed with Z0805.

VFC Covered Vaccines	
Code	Description
90633	Hepatitis A vaccine, pediatric/adolescent dosage – 2 dose schedule
90645	Hemophilus influenza b vaccine (Hib), HbOC conjugate (4 dose schedule)
90647	Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule)
90648	Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule)
90669	Pneumococcal conjugate vaccine, polyvalent, for children under five years
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DtaP)
90707	Measles, mumps and rubella virus vaccine (MMR)
90713	Poliovirus vaccine, inactivated, (IPV)
90716	Varicella virus vaccine
90718	Tetanus and diphtheria toxoids (Td) adsorbed for use in individuals seven years or older
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 years or older
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule)
90748	Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib)

Prior Authorization Changes

Beginning 12/01/02, providers are issued a prior authorization (PA) number when PA is granted. Previously providers would receive notification from the Quality Assurance Division when PA was granted. Providers still receive that notice, but they will also receive a *Prior Authorization Notice* from ACS with a PA number. This PA number must be included in field 23 on the CMS-1500 claim form. This new procedure streamlines the process so that the Department does not need to review these claims, and providers can submit them directly to claims processing:

**Claims Processing
P.O. Box 8000
Helena, MT 59604**

Contact Information

For more information and to obtain enrollment packets, access the Provider Information website:
<http://www.dphhs.state.mt.us/hpsd/medicaid/medpi/medpi.htm>

For questions or enrollment information, contact Provider Relations:

**Provider Relations in Helena and out-of-state: (406) 442-1837
In-state toll-free: 1-800-624-3958**